

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022782

1. Entity Name

JASON D. FUGATE, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90047 029 ***150.00

Principal Place of Business

941 SOUTHRIDGE TRAIL
 ALTAMONTE SPRINGS FL 32714

Mailing Address

941 SOUTHRIDGE TRAIL
 ALTAMONTE SPRINGS FL 32712-3714

2. Principal Place of Business

470 SONGBIRD WAY
 Suite, Apt. #, etc.

3. Mailing Address

470 SONGBIRD WAY
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

APOPKA FL

City & State

APOPKA FL

4. FEI Number

59-3507073

Applied For

Not Applicable

Zip

Country

32712

Zip

Country

32712

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FUGATE, SHEA ESQ
 941 SOUTHRIDGE TRAIL
 ALTAMONTE SPRINGS FL 32714

Name

FUGATE, SHEA ESQ

Street Address (P.O. Box Number is Not Acceptable)

470 SONGBIRD WAY

City

APOPKA

FL

Zip Code

32712

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME FUGATE, JASON D
 STREET ADDRESS 941 SOUTHRIDGE TRAIL
 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE P ☒ Change ☐ Addition
 NAME ~~JASON D~~ FUGATE, JASON D
 STREET ADDRESS 470 SONGBIRD WAY
 CITY-ST-ZIP APOPKA, FL 32712

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JASON D. FUGATE 5/1/2000 (407) 814 7312
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)